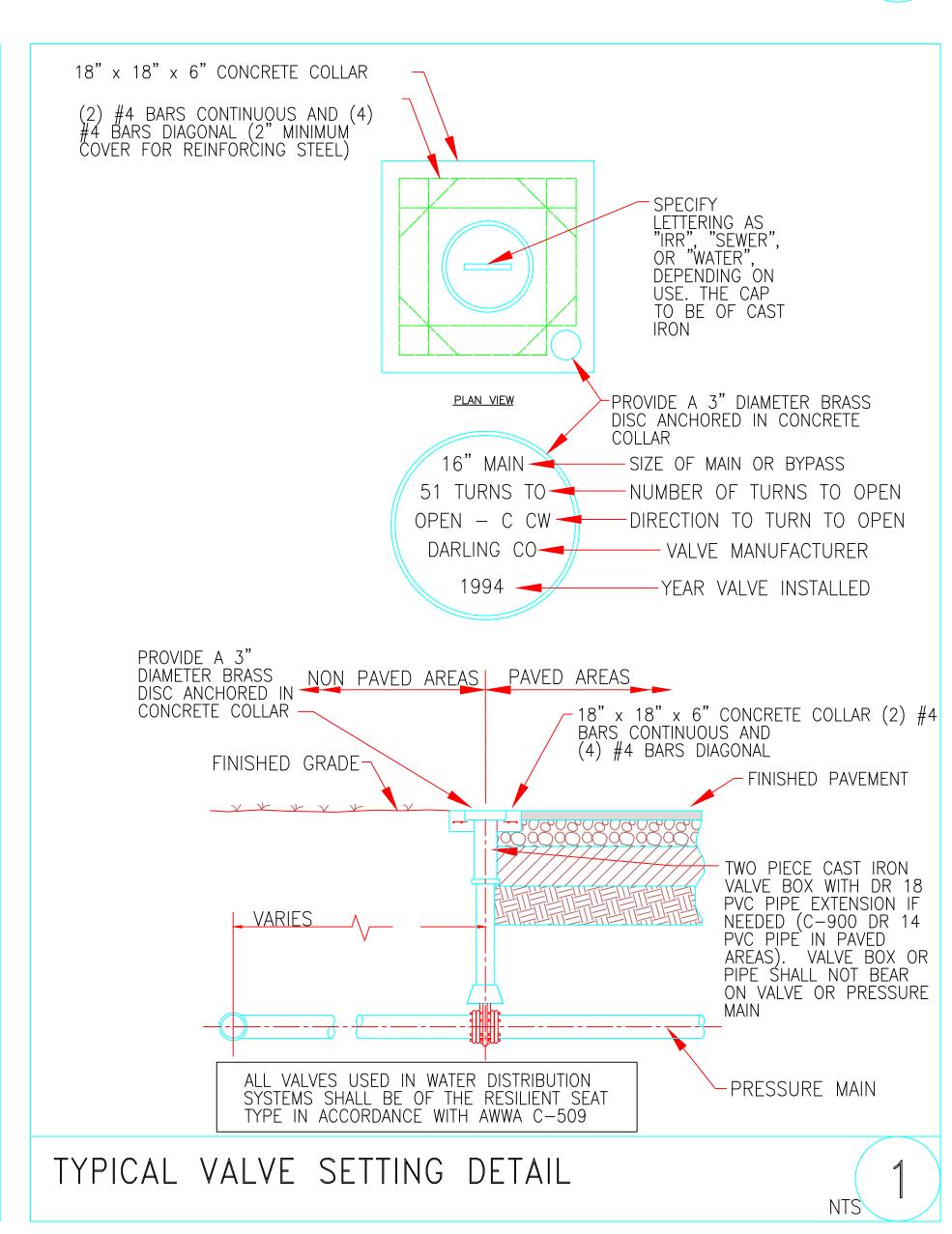


PROVIDE A 3" DIAMETER BRASS DISC ANCHORED IN CONCRETE COLLAR. DISC SHOULD PROVIDE

THE FOLLOWING INFORMATION: SIZE OF MAIN;

NUMBER OF TURNS TO OPEN; DIRECTION TO

TURN TO OPEN; VALVE MANUFACTURER AND YEAR VALVE INSTALLED ——



	1.	THE PROJECT SCOPE CONSISTS OF REPLACEMENT OF AND NEW INSTALLATION OF UNDERGROUND DOMESTIC WATER PIPING.	
	2.	THE EXISTING PIPING IS ASSUMED TO BE CAST IRON. THE REPLACEMENT PIPING SHALL BE RESTRAINED JOINT AWWA C900 PVC/DR18.	
	3.	DOMESTIC WATER PIPING SHALL CONSIST OF BUT NOT BE LIMITED TO PIPING, FITTINGS, VALVES, FIRE HYDRANTS AND INDICATOR POSTS.	
	4.	ALL WORK SHALL BE PHASED TO PROVIDE MINIMUM DOWN TIME FOR EACH SYSTEM AND OR BUILDING. THE CONTRACTOR SHALL PROVIDE A CONSTRUCTION SEQUENCE AND SCHEDULE INDICATING ANTICIPATED SYSTEM DOWN TIME.	
	5.	THE CONTRACTOR IS RESPONSIBLE FOR LOCATING ALL EXISTING UNDERGROUND UTILITIES. ANY AND ALL DAMAGE CREATED BY WORK UNDER THIS PROJECT WILL BE THE RESPONSIBILITY OF THIS CONTRACTOR FOR REPAIR OR REPLACEMENT.	
	6.	THE CONTRACTOR WILL UTILIZE BEST PRACTICE FOR UNDERGROUND PIPE INSTALLATION AND REPLACEMENT AS THE SITUATION DICTATES.	
	7.	BED ALL PIPE IN SAND	
	8.	20 OUT OF 25 FIRE HYDRANTS ARE DEFICIENT IN TERMS OF ELEVATION ABOVE GRADE. ALL 25 HYDRANT MUST BE REVIEWED IN ORDER TO MEET THE FOLLOWING STANDARD: THE CENTER OF A HOSE OUTLET SHALL BE NOT LESS THAN 18" ABOVE FINAL GRADE OR, WHERE LOCATED IN A HOSE HOUSE, 12" ABOVE THE FLOOR.	
GENERAL	Pl	ROJECT NOTES	NTS 5

REV-1 GENERAL PROJECT NOTES-FIRE HYDRANTS	22 AUG 12	
Revision	Date	
	<u> </u>	

RECOM	MEN	D APPROVAL		Drawing Title	Project Title
REQUESTER	Date			DOMESTIC WATER PIPING	REPLACE
CHIEF OF SERVICE	Date	CHIEF OF STAFF	Date	NOTES AND DETAILS	PIPING-
ASSOC. DIR. PATIENT CARE SVC.	Date	ASSOC. DIR. for OPERATIONS	Date	Approved: Safety Manager/M&O Supervisor	Building Nu CMAPUS
APPROVAL BY:			Date	Approved:Chief of Facilities Management Svr.	Location
MEDICAL CENTER DIRECTOR					

MINIMUM -

∠ MJ RETAINER GLANDS (TYP)

__ RIGHT-OF-WAY

-6" THICK x 24"

LINE OR SIDEWALK

- TRAFFIC

FLANGE

BREAKAWAY

SQUARE

CONCRETE

SUPPLY WITHOUT DRAIN OR PLUG

DRAIN OPENING

INSTALLATION

BEFORE

BREAK SLAB

WITH #4 BARS

AS RÉQUIRED

wing Title	Project Title
OMESTIC WATER PIPING NOTES AND DETAILS	REPLACE DOMESTIC WATER PIPING-NORTH LOOP
proved: Safety Manager/M&O Supervisor	Building Number Checked Drawn CMAPUS BLF

W.G.(Bill) Hefner Medical Center 1601 Brenner Ave. Salisbury NC 28144

